

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BE	897	08-01-01
RESPONSE FORMALITY REVIEW	TS	1127	12/16/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	9/13
Original	2/22
1	2/22
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19	✓ ✓
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22	✓ ✓
23	✓ ✓
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28	✓ ✓
29	✓ ✓
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Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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